1	PATENT APPLICATION FEE DETERMINATION RECORD												
CLAIMS AS FILED - PART I												<u> </u>	4
F	TOTAL CLAIM		(Cotur		•	(Column 2)		SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY		•	
1	OR						RATE			RATE	FEE	1	
-	OTAL CHARGE	1.1	A FRLED	NUR	BER EXTRA		BASIC F	EE	OF	BASIC FE	890		
11-	<del></del>	31 1			//		X\$ 9-	•	OF	X\$18-	198	7	
<u> 11—</u>	DEPENDENT		minus 3 =				X42=		OR	X84-	1//	1	
Ľ	MULTIPLE DEPENDENT CLAIM PRESENT									7			┨
•	* If the difference in column 1 is less than zero, enter "0" in column 2									OR	<u> </u>		1
	CLAIMS AS AMENDED . PART II								·			1088	7
ŀ	(Column 1) (Column 2) (Column 3							SMALI	ENTITY	OR	SMALL	R THAN ENTITY	
<b>AMENDMENT A</b>		REMAINING AFTER AMENDMENT		PREVIO	SER USLY	PRESENT EXTRA		RATE	ADDI- TIONA FEE		RATE	ADDI- TIONAL FEE	1
2	Total	29	Minus	- 3		- Ø		X\$-9=		OR	X\$18=	,	1.
¥	Independent	2	Minus	3	}	- Ø		X42=	<b>†</b>	7	X84=		ł
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						┟	 +140=	<del>                                     </del>	OR		-/-	ł
	9-6-03	5				2) (Çolumn 3)		+140≥. 101A		OR	+260=	-\-	
<u>U</u>	Clx.	(Column 1)		(Colum	n 2\			DIT. FEE		JOR,	NOOIT. FEE		
8		CLAIMS REMAINING	HIGHEST			PRESENT	Г		ADDI-	7 1	·	ADDI-	ł
5		AFTER AMENDMENT		PREVIO		EXTRA	1	RATE	TIONAL FEE		PATE"	TIONAL	
AMENOMENT B	Total	· 27	Minus	<b>-</b> 3	(	•	1	X\$ 9=	1	OR	X\$18+	FEE.	Ď,
Ž	Independent	• 2	Minus	••• (-	3	-	1	X42=	`		X84=		i
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								<del> </del>	OR	•	<del>\                                    </del>	3
		•	•				L	140=	_	OR	1280∞.		WAILAB
		(Column 1)					AD	TOTAL DIT. FEE		OR A	DOIT, FEE		*
ပ		CLAIMS REMAINING		(Column HIGHE	51	(Column 3)	_						E
AMENDMENT C		AFTER AMENDMENT		PREVIOU PAID FO	ISLY	PRESENT EXTRA	Ŀ	PATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	СОРУ
	Total	•	Minus	**		•	<b>[</b> ;	<b>(\$ 9=</b>		OR	X\$18=		Ð
¥	Independent	NTATION OF MU	Minus	***	]	•		(42=	_		X84=		
Ш	- moi FRESE	$\vdash$			OR	A042		•					
• 8	the entry in colum	Ŀ	140=		OR	+280=							
	i ine Trighest Nur I the Trichest No	Tiber Previously Pai	d For IN THIS	S SPACE IS N	es than	20, enter *20.*	ADC	TOTAL HT. FEE		OR A	TOTAL DOTT. FEE		
'	rugnest Num	ber Previously Paid	For" (Total or	Independent	le the t	Nightst number (	ound	yu gya etb	aóbujere pox	in colui	nn 1.	·.	